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January 22, 2008

VIA Electronic Filing

Commissioner for Patents
PO BOX 1450
Alexandria, VA 22313-1450

Re: Reimbursement for Fees Application 10/756,973

To Whom It May Concern:

Please note that the attorney of record for the above referenced application is John K. Buche, customer number 000061226.

The firm of Weingarten, Schurgin, Gagnebin & Lebovici LLP no longer represents this client and their deposit account should NOT be accessed to pay fees associated with this application.

Enclosed is a copy of the original change of power of attorney form SB82 submitted July 25, 2005 and the original form SB122 submitted September 22, 2006 to add my customer number to the application. Also enclosed is a new form SB122 in case the old one is insufficient.

Sincerely,

/ John K. Buche/

John K. Buche

Enclosures

cc: Weingarten, Schurgin, Gagnebin & Lebovici LLP



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number 10758,873
 Filing Date 1/14/2004
 First Named Inventor Kenneth Parker
 Art Unit n/a
 Examiner Name n/a
 Attorney Docket Number Modified Landmark

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name JOHN K. BUCHE, BUCHE & ASSOCIATES, P.C.
 Address 7777 FAY AVENUE, SUITE 205
 City LA JOLLA State CA Zip 92037
 Country USA
 Telephone 858-912-2040 Email jkuche@westernflaw.com

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record
 Signature *Rudolph W. Schlefer*
 Name Rudolph W. Schlefer, President, US Music Corp.
 Date 5.19.06 Telephone 847 949 0444

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.306. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. 02345 Y0. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**CHANGE OF
CORRESPONDENCE ADDRESS
Application**Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/758,973
Filing Date	1/14/2004
First Named Inventor	
Art Unit	
Examiner Name	
Attorney Docket Number	Guitar Device

Please change the Correspondence Address for the above-identified patent application to:

- ☒
- The address associated with
-
- Customer Number:

000061228

OR

- ☐
- Firm or
-
- Individual Name

Address

City

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Zip

Country

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I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 410,584
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or Printed
Name

John K. Buche

Date 9/22/2006

Telephone 858-812-2840

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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